

Bldg. Permit # _____

MECH Permit # **M** _____

**Department of Planning & Community Development
Division of Building Construction Services
400 Granby Street, Norfolk, Virginia (757) 664-6565**

Project Address: _____ **Unit** _____ **Application date** _____

PLEASE PRINT

Property Owner <input type="checkbox"/> Tenant <input type="checkbox"/>	Contact Person: _____ Phone # _____
Name: _____	Applicant Owner <input type="checkbox"/> Contractor <input type="checkbox"/> Agent <input type="checkbox"/> Design Prof. <input type="checkbox"/>
Address: _____	Contractor State License # _____ Class A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> LTD <input type="checkbox"/>
City/State/Zip: _____	Applicant's Name: _____
Phone #: _____ Fax #: _____	Phone # _____ Fax # _____ cell phone _____
E-Mail Address: _____	Address: _____ City/State/Zip _____
	E-Mail Address: _____

Work to be performed on:

Type of work: New equip ☐ Residential ☐ Multiple Family ☐ Commercial ☐
Exact replacement ☐ Fuel Conversion ☐ Additional Equipment ☐ Other ☐ **PROJECT Cost \$** _____

<u>EQUIPMENT</u>		BTU'S	<u>Quantity & Type of Equipment</u>		<u>FUEL STORAGE & DISTRIBUTION</u>
___ boiler	G O E	_____	___ exhaust system	_____ outlets	___ fuel lines _____ outlets G O
___ hydro-heater	G O E	_____	___ ventilation system	_____ outlets	___ gas lines _____ outlets (permit separately)
___ furnace	G O E	_____	___ air distribution system	_____ grilles	<u>TANK(S)</u> <u>aboveground</u> <u>underground</u>
___ package unit	G O E	_____	___ fire/smoke dampers	_____	___ propane ___ fuel oil ___ gasoline ___ other
___ space heater	G O E	_____	Residential. Exhaust		manufacturer _____
___ heat pump/ condenser		_____	___ Bathroom ___ clothes dryer ___ kitchen hood		serial # _____
___ air handler/fan coil unit/vav box		_____	FANS		capacity _____
___ prefab fireplace NG LP		_____	___ exhaust ___ make up ___ ventilation		___ dispenser ___ tank monitoring station
___ gas logs NG LP		_____	___ res. bath fan(s) ___ res. kitchen hood(s)		<u>Miscellaneous. Equipment</u>
___ woodstove/ insert/ fireplace		_____	<u>Hydronic Piping</u>		com. hood ___ type I ___ type II ___ condensate
___ burner G O		_____	___ steam ___ hot water ___ chilled water		___ grease duct ___ make-up air duct
___ water towers		_____	___ ground water heat pump loop		cooking equipment; please list _____
___ chillers		_____	Backflow Device		_____
___ clothes dryer G E		_____	___ testable devices		
___ incinerator/ crematory		_____	___ non-testable devices		
___ chimney liner _____ size		_____	<u>Refrigeration Equipment & Piping</u>		
___ vent connector/ vent _____ size		_____	___ compressor ___ cooler ___ piping		
___ gas lights	REMARKS	_____			

I agree to perform the above work in conforms with all City of Norfolk ordinances & regulations and the Uniform Statewide Building Code.

Print name _____ Signature _____ Date _____

Office Use Only

Approved by: _____ Date: _____
Permit Fee: \$ _____ Admin Fee \$ _____
Cash _____ Check # _____ Cashier _____
Remarks: _____

Agreement

I, _____, am the owner or owner's authorized representative for property located at _____ in the City of Norfolk. We are requesting temporary electric power at this location. I (We) acknowledge that before this building is inhabited, that a final inspection must be approved and a Certificate of Occupancy must be issued by the City of Norfolk. I further acknowledge that if this agreement is not kept, this permit may be invalidated.

In addition, I (we) agree to maintain the building and the premises safe, free of dangerous conditions.

Printed Name

Signature

Date

Asbestos Exemption

I certify that the above building is exempt from the Asbestos Inspection, as required by the Commonwealth of Virginia for the following reason: (Check One)

- ☐ 1. Single-family dwelling or residential housing with four (4) or fewer units not being renovated/demolished for commercial or public development.
- ☐ 2. The combined amount of regulated asbestos containing material involved is:
 - a. less than 260 linear feet of material on pipes, or
 - b. less than 160 square feet on other facility components, or
 - c. less than 35 cubic feet of facility components where the length or area cannot be measured.
- ☐ 3. Building for which an initial building permit was issued after January 1, 1985.

X _____ Date _____
Signature of Owner or Authorized Agent

Asbestos Certification

I, _____, certify that the affected portions
(Building Owner or Agent)
of the building located at

(Building Address, Floor/Suite Number)

has been inspected for the presence of asbestos and complies with the Code of Virginia, S 36.997 and the Virginia Uniform Statewide Building Code, Section 107.1, and Section 108.10, Asbestos Survey Standards for Building to be renovated or demolished, as promulgated by the Virginia General Services Department, 'Clean Air Act' (NESHAP) and OSHA, 'Standards for Construction Workers'.

Signature: _____